



URBAN DISTRICT OF TORPOINT

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1969

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TO THE CHAIRMAN AND MEMBERS OF THE TORPOINT URBAN DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen

During the year which ended on 30th June 1969 the estimated population of the No. 7 Health Area showed an increase of 700 to a total of 52,760. Of the six County Districts in the Health Area the Borough of Saltash showed the greatest increase at 250, whilst at the low end of the scale the figure in the Looe Urban District was limited to 10.

Live births during 1969 totalled 810, an increase of 67 over the 1968 figure, and the largest number registered since 1948. This produced a corrected birth rate of 18.6 per 1000 of population some 2.3 per 1000 above the national figure. Of these 810 live births 54 were illegitimate giving a percentage of 6.7 as compared with 7.1 per cent in the preceeding year. Deaths of infants under one year of age totalled 13 which gave an infant mortality rate of 16.0 per 1000 live births. As is usual 10 of these 13 infants did not survive the critical first four weeks of life and 8 of these did not live for more than one week. No deaths resulting from the complications of pregnancy, childbirth or the puerperium occurred during 1969.

During the year there were 734 deaths, an increase of 28 on the figure for 1968. The corrected death rate of 11.4 per 1000 of population was slightly below the national death rate. Again the most prevalent cause of death was heart disease which was responsible for 36% of all deaths. Cancer caused just over 21% of all deaths, and strokes were responsible for 16% of all deaths. Of the defined forms of cancer, that affecting the lung/bronchus was most prevalent, and caused 28 deaths, a reduction of 6 on the corresponding total for 1968, but still a high toll from a disease which is largely preventable.

Whilst the overall incidence of notifiable disease was only moderate - 313 cases giving an attack rate of 5.82 per 1000 of population - two troublesome minor epidemics were seen during the year. In and around Pelynt in the Liskeard Rural District there were at least 31 cases of scarlet fever, and in the adjoining Urban District of Looe a further 27 cases were notified. In addition many more children and some adults who did not show the rash of scarlet fever, suffered from tonsillitis and impetigo both of which are caused by the same organism which causes scarlet fever - streptococcus pyogenes. The main weight of this outbreak fell on children attending the Pelynt Infant and Junior School. In an endeavour to halt or slow down the spread of this infection throat and nose swabs were taken from all children actually attending the school on the several occasions when it was visited, and children found to be carrying the causal organism were excluded for appropriate treatment. As an ancillary measure the school was closed for the two weeks immediately preceeding the normal Easter school holiday. When after this period of five weeks the school re-opened some children were still found to be carrying the infection, and some few more cases of scarlet fever, and tonsillitis occurred, but by the end of April almost all of this infection had disappeared. Some types of streptococcus are capable of causing more serious disease which can permanently damage the kidneys and the heart, but fortunately these types were not encountered during this outbreak.

During the second and third quarters of the year there was an unpleasant outbreak of infective jaundice which was largely confined to the Borough of Liskeard with a small number of cases in the adjoining parts of the Liskeard Rural District. One case which occurred in the St. Germans Rural District was a more virulent form of this infection, and caused the death of an 18 year old female.

This disease is thought to be due to a virus as yet not positively identified. The precise means of spread are not known, but it is believed that human faeces carry the infection, and the possibility of spread by droplet infection from the upper respiratory tract cannot be ruled out. Children are commonly affected and in many cases may not show obvious signs of the infection and in consequence the infection is not recognised. Nevertheless such sub-clinical cases are capable of acting as links in the chain of infection and passing on the disease to others. It is also possible that in the early stages of infection before the disease clearly declares itself, the patient may infect others before he or they are aware that he is in the early stages of the disease. These and other factors make it difficult to control the spread of disease, and one is driven back on the advocacy of stricter personal and general hygiene when the disease is prevalent, and especially if one is in contact with or caring for children or adults suffering from a vague illness which may well be the early stages of an attack of infective jaundice.

Whilst tuberculosis is no longer a crippling and lethal disease its occurrence cannot be viewed lightly or with lack of concern. Not so many years ago there were those who felt that in a relatively short time this disease would be no more than an unpleasant memory. These hopes have proved to be too optimistic, and after early large reductions in the prevalence of this disease, gains in recent years have been much less spectacular, and it is now clear that we must expect to have tuberculosis as a disease to be reckoned with for many years to come. As appears to be the case generally progress in reducing the number of newly discovered infections in this Health Area has been disappointingly slow in the last few years, and instead of the hoped for steady downward trend the totals of new cases have fluctuated up and down over the past seven years. Thus in 1969 the total of 13 new cases notified was one more than the corresponding figure for 1968, and appreciably above the lowest total so far recorded of 9 cases in 1965. As is almost always the case nowadays the majority of the new infections occurred amongst males over the age of 45 years. It seems likely that such cases are due to the re-activation of an infection which may have occurred in earlier life. Causing little or no illness at that time it may not have been recognised as a tuberculosis infection, and would have remained dormant and inactive for many years before emerging as a recognisable disease in later middle age or old age.

In the past couple of years attention has been increasingly and more sharply focussed on the way in which the human animal is polluting and in many cases destroying the environment essential to the support, enjoyment, and even the continued existence of life in its many forms. Two great forces exert the main pressures against the environment we share with animal and plant life. The first, and presently probably the strongest of these is modern technology in the almost infinite variety of ways in which it manifests itself and is used. Those which spring most readily to mind are the chemical substances which are so widely used in agriculture and horticulture. Whilst their basic purpose in controlling pests and plant disease, and in improving crop yields is good and desirable, the harmful side effects and long term effects associated with their use so outweigh the advantage of using them that either they have to be used selectively and with great discretion, or in certain cases they have to be withdrawn or their use banned. Some of the large plants in which such chemicals and many others are manufactured produce waste material the disposal of which presents great problems. Traditionally such waste products have been turned into watercourses with the result that in some areas where industrial undertakings large in size and output, and perhaps also numerous operate, local streams, rivers and in some cases lakes have become heavily, and often dangerously polluted. This has produced conditions in which the normal fauna and flora of the water are reduced in number, and variety, and ultimately cease to exist. In other instances where fish can continue to live they may accumulate in their bodies levels of chemicals which are toxic to human beings if such fish are eaten.

The disappearance of the normal water plants, and weeds is frequently followed by a great proliferation in slimy green algae and fungi which further degrade and destroy the watercourse involved giving it the character of a disgusting and stagnant ditch. Streams, rivers, and lakes are amongst the most pleasant features in our natural environment, and afford valuable outlets for recreation. Additionally with the growth in population and industry these as sources of water supply are assuming an importance which increases year by year. This consideration is more likely to be a compelling and urgent indication that this particular aspect of environmental pollution be brought under control than the pure amenity aspect of the problem. In the long run this, and indeed most forms of environmental pollution arise because we as individuals and communities expect, and in a large part achieve higher and more sophisticated standards of living. There is nothing inherently wrong in this demand for a so-called higher standard of living, but we must not turn our backs on the undesirable by-products which result whether in the pollution of land, and water from industrial activities, the pollution of the atmosphere by gaseous discharges, the despoilation of open spaces by the deposit of household refuse, and unwanted domestic hardware or the ever rising tide of noise that assaults and batters our senses and our peace of mind. Reducing and eventually preventing pollution will not come about without the expenditure of money, in some cases very large sums indeed. If industry has to spend money on this, all or a large part of the expense involved will be passed on to the consumer by way of higher prices for goods and services. If such price increases reduce the ability of an industry to be competitive in overseas markets, it may well be necessary to subsidise measures to control and abate the pollution it creates. One way or another we all face the inescapable conclusion that solving this problem will cost us something.

On the personal level we must be clearly aware of the increasing amount of pollution we as individuals contribute to our environment in shape of household refuse and discarded hardware. The volume and diversity of this increases not only because population grows, but also because affluence and higher living standards give rise to more refuse per head of population. Modern methods of containing, wrapping, and presenting goods whilst excellent for that purpose, do by virtue of the almost indestructible properties some of them possess present quite a problem in their disposal. The increase in the number of non-returnable containers for solid and liquid commodities of all sorts adds further to the volume of unwanted material to be collected from private houses, and trade premises. As a consequence of all this, areas suitable for the tipping of refuse, which are already most difficult to find even in lightly populated rural districts, are having their life drastically reduced. I have for some time felt that refuse disposal is an increasingly serious problem to which insufficient thought and concern has so far been given. More enquiry and research on the two main facets of this problem is called for. We must look at ways and means of reducing the volume of refuse produced per head of population even if this involves some reduction in the durability and relative indestructibility of packages and containers or their replacement by some material which can be disintegrated or destroyed more readily. At the other end of the process more efficient handling of refuse at the tipping site including methods of bulk reduction, and destruction where possible will have increasingly to be used. The inevitable result of this will be some increase in the cost of this service. As a footnote I might add that as much of additional refuse produced consists of inert non-putrescible material it presents a greater threat to amenity and civilised living conditions than to the health of the community.

During the year an interesting if rather unusual aspect of food hygiene came to notice. Elsewhere in the country close on 40 people were infested with liver fluke. This leaf-like worm normally attacks the sheep in which it causes liver rot. As the development of flukes calls for damp conditions and water, vegetation in the vicinity of streams and ponds in fields containing sheep is in danger of having on it encysted forms of the young fluke. Included with grass and other plant life to which flukes attach themselves is watercress. If watercress from such a location - usually referred to as "wild" watercress - is eaten by human beings the fluke will infest the human liver making the person concerned ill.

A certain amount of this "wild" watercress is still gathered and consumed or is sold to shops, hotels, and catering establishments and consumption of this type of watercress was implicated in the outbreak of fluke infestation referred to above. An additional hazard of eating watercress from uncontrolled sources is that of contracting food poisoning because the plant may have been contaminated by foul drainage from sewage disposal works, septic tanks, farmyards, fields, and roads. Whilst this latter form of contamination can be largely removed by vigorous washing of the crass in running water, the encysted young flukes are very firmly cemented to leaves and stems and are not normally loosened or dislodged until the watercress is eaten. Clearly any watercress eaten should come from reputable sources and growers where the conditions under which it is grown are properly controlled, and shops, hotels, and catering establishments have a clear duty to ensure that clean and safe supplies only of this popular commodity are offered to the public.

In closing this general preface I should like to take the opportunity of expressing to Members and Officers of the six County District Councils concerned my sincere thanks for the support and assistance afforded me in carrying out the duties of my appointment.

I have the honour to be

Mr. Chairman, Ladies and Gentlemen

Your obedient Servant,

P. J. FOX

Medical Officer of Health.

A certain amount of this "oil" substance is still gathered and consumed or is sold to shops, hotels, and catering establishments and consumption of this type of substance was indicated in the context of these industries referred to above. An additional source of eating waterways from untreated sources is that of contaminated food poisoning because the plant may have been contaminated by food poisoning from sewage disposal units, sewage tanks, latrines, fish, and birds. While this latter form of contamination can be largely removed by vigorous washing of the river in running water, the untreated young fishes are very likely consumed to leaves and stems and are not actually consumed or discarded until the waterways are clean. Clearly any waterways under which it is from the sewage disposal unit, and shops, hotels, and catering establishments have a clear duty to ensure that clean and safe supplies only of this product are offered to the public.

In closing this general matter I should like to say the opportunity of expressing to Members and Officers of the Air Supply Division Committee concerned my sincere thanks for the support and assistance afforded me in carrying out the duties of my appointment.

I have the honour to be

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TORPOINT URBAN DISTRICT COUNCIL

General Purposes Committee

| | | | | | |
|-------------------------|----|----|----|----|---------------|
| Councillor R.A. Grinter | .. | .. | .. | .. | Chairman |
| Councillor J.J. Peach | .. | .. | .. | .. | Vice Chairman |

Public Health Officers of the Authority

| | | |
|---------------------------------------|----|---------------------------|
| P.J. Fox, M.B., B.Ch., B.A.O., D.P.H. | .. | Medical Officer of Health |
|---------------------------------------|----|---------------------------|

Health Area Office,
West Street,
Liskeard,
Cornwall.

Telephone - Liskeard 3373

| | | | | |
|------------------------------|----|----|----|-------------------------|
| W. Hogarth, F.F.S., F.R.S.H. | .. | .. | .. | Public Health Inspector |
|------------------------------|----|----|----|-------------------------|

Council Offices,
York Road,
Torpoint,
Cornwall.

Telephone - Torpoint 410

TORPOINT URBAN DISTRICT

| | |
|----------------------------|-----------|
| Area of Urban District | 988 acres |
| Population | 6,160 |
| Number of Inhabited Houses | 1,717 |
| Rateable Value | £190,308 |
| Product of Penny Rate | £772 |

Vital Statistics for 1969

| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|---|------------------------------|---------------------------------|------------------------------------|
| Live Births: | 26 | 47 | 73 |
| Birth rate per 1,000 of population: | <u>Torpoint U.D.</u> 16.2 | <u>Health Area No.7</u> 18.6 | <u>England & Wales</u> 16.3 |
| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
| Still Births: | - | 1 | 1 |
| Still birth rate per 1,000 total births: | <u>Torpoint U.D.</u> 14.0 | <u>Health Area No.7</u> 9.8 | <u>England & Wales</u> 13.0 |
| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
| Deaths: | 36 | 28 | 64 |
| Death rate per 1,000 of population: | <u>Torpoint U.D.</u> 12.9 | <u>Health Area No.7</u> 11.4 | <u>England & Wales</u> 11.9 |
| | <u>Male</u> | <u>Female</u> | <u>Total</u> |
| Deaths of infants under one year of age: | 1 | - | 1 |
| Infant mortality rate per 1,000 live births: | <u>Torpoint U.D.</u> 14.0 | <u>Health Area No.7</u> 16.0 | <u>England & Wales</u> 18.0 |

Principal Causes of Death at all Ages

| | |
|---------------------|----|
| Heart disease | 26 |
| Cancer (all sites) | 13 |
| Stroke | 9 |
| Respiratory disease | 5 |
| Circulatory disease | 4 |

Because of reduction in the total of live births and an increase in deaths there was a reduction in the excess of births over deaths from 40 during 1968 to 9 during the year under review. Of the defined forms of cancer causing death that affecting the stomach was most prevalent causing 5 deaths. Cancer of the lung/bronchus caused 3 deaths. Of those who died during the year 47% had reached or exceeded the age of 75 years at the time of death.

Notifiable Disease (other than tuberculosis)

The incidence of this group of diseases was relatively light during 1969 when 22 cases in all were notified. Of the 19 cases of measles, 12 notifications involved Royal Navy personnel at H.M.S. Fisgard and H.M.S. Raleigh and both cases of infective jaundice were from H.M.S. Raleigh.

The following are details of cases and case rates:

| <u>Disease</u> | <u>Cases</u> | <u>Rate per 1,000 of population</u> | |
|--------------------|--------------|-------------------------------------|-------------------------|
| | | <u>Torpoint U.D.</u> | <u>Health Area No.7</u> |
| Measles | 19 | 3.10 | 2.49 |
| Infective jaundice | 2 | 0.32 | 1.41 |
| Scarlet fever | 1 | 0.16 | 1.13 |

Tuberculosis

Two new cases of this infection were notified during the year. The persons involved were a 35 year old female and a 48 year old male, and in both cases the respiratory tract was affected. There were no deaths from this disease during 1969.

The following are case rates for tuberculosis:

| | <u>Rate per 1000 of population</u> | |
|------------------|------------------------------------|--------------------------|
| | <u>Torpoint U.D.</u> | <u>Health Area No. 7</u> |
| New cases: | 0.32 | 0.24 |
| All known cases: | 1.30 | 2.01 |
| Deaths: | - | - |

At the end of 1969 there were 7 known cases of respiratory tuberculosis and 1 known case of other forms of tuberculosis resident in the Urban District.

National Assistance Act, 1948

No action under Section 47 of the Act was called for during the year.

Water Supply

An adequate supply of wholesome water was provided by the East Cornwall Water Board.

Sewerage and Sewage Disposal

New housing development discharging into old and inadequate sewers has given rise to a good deal of trouble during the year. In certain cases surcharging of large sewers by storm water caused the curtilages of private houses to be flooded by water containing raw sewage. Clearly the implementation of the comprehensive scheme to adequately sewer the town is overdue and it is hoped that this will be put in hand with as little delay as possible.

Refuse Collection and Disposal

The problem here is the difficulty, amounting almost to an impossibility, of finding a generally acceptable site on which refuse can be tipped for final disposal.

Food

Because of shortage of staff in the Public Health Department, no sampling of food for quality analysis could be undertaken, all available time being given to inspections of food premises. A good standard of food hygiene was found in those premises. No case of food poisoning was notified during the year.

Factories Act, 1961

The operation of this Act presented no difficulties during 1969.

Report of Public Health Inspector

This report by Mr. Wilson Hogarth follows. I should like to express to Mr. Hogarth my gratitude for the help he has given me during the year.

Public Health Inspector's Report for 1969

Sanitary Circumstances of the Area

Water Supply

There were no water samples taken during the whole of the year, 1969. Samples taken in previous years show that the quality of the water supplied by the East Cornwall Water Board is consistently good, but apart from this, due to the absence of an Additional Public Health Inspector and several other factors, work of this kind was severely restricted.

Drainage and Sewerage

The position with regard to this service has become quite serious and the number of surcharges in the sewers, particularly in Carbeile Road, Chapeldown Road, Marine Drive and Belle Vue Square, together with sewers at the junction between North Road and Fore Street is increasing alarmingly, and incidents arising from the congestion of the town's sewers took up a great deal of my time and that of the Council's General Foreman and the workmen. During 1968 the flooding of certain properties at the higher end of Carbeile Road had caused the Council to lay a storm water relief sewer from that area to divert some of the flood water further down the main sewer. This was done quite effectively, but it caused even more surcharging lower down in the system. This first became evident at Nos. 7 and 9 Carbeile Road. The back garden of No. 9, some of the outbuildings and all the paths surrounding the house were flooded with sewage on a number of occasions. Eventually it was necessary to carry out a thorough investigation of the whole length of the sewer, and it was then decided to insert a manhole in the garden of the adjoining house. This gave access for clearing purposes, but the trouble did not abate, and as a last resort, a length of the main sewer was taken up and relaid. This had the necessary effect because uneven joints were causing turbulence, and so flooding the sewage back along the house drains. During this same period heavy rain caused flooding from the sewer into dwellings at Marine Drive near to the sewer outfall at Chapeldown point, and this again necessitated temporary improvements being carried out along the shoreline. Certain manhole covers and frames were heavily concreted down to prevent them being forced out of the ground, and a number of other remedial measures of this kind were taken, but this only eased the situation and did not cure it.

Concurrently, negotiations with the Ministries of Defence and Housing and Local Government were taking place in conjunction with the Council's Consulting Engineers, Messrs. G.H. Ivory and Partners and L.G. Mouchel and Partners with a view to deciding a more effective system of sewerage. Much time was spent on this and meetings were held between these Ministries and the Ministry of Public Building and Works, together with the Consultants at Bath on the 4th November and again at the Council Offices on the 19th of the same month, when general agreement was reached as to the final plans for sewerage, especially with regard to the Council taking over and managing Raleigh Sewage Works early in 1970, so that these works could be enlarged to take over the purification of all the sewage from the Torpoint area.

During 1969 there were other problems with private sewers and combined drains on some of the newer private housing estates, caused principally by bad design of the drains and sewers. A similar case arose when a combined drain serving twelve pre-war bungalows gave trouble, and during this year works of repair were completed and the co-operation of the owners/occupiers of all these bungalows was secured and the works were paid for, thus avoiding any official action being taken by the Council.

Refuse Collection and Disposal

The work of refuse collection gives rise to little trouble, but the difficulty of recruiting suitable personnel for this work increases greatly. Because of the small number of men employed on this work it has proved impossible, up to now, to devise a suitable bonus or incentive scheme which would make it attractive to young men entering the Council's service as manual workers.

The problem of refuse disposal is now becoming grave and a considerable amount of my time has been spent in dealing with this item alone. The refuse tip at Effords Bridge will be completely filled up by mid 1970, and discussions have taken place during 1969 with officers of adjoining authorities and also with the officers of the County Planning Department with a view to finding a suitable place for refuse disposal. This difficulty would have been largely solved if the Ministry of Housing and Local Government had allowed the Council to install a refuse incinerator within the Urban District, but as such permission was not to be given, disposal by dumping is the only method now available. Visits have been made to a large number of places in or near to the Urban District with a view to measuring them to ascertain the volume of refuse which could be disposed of there, but the question of distance rules out most of them as it would be impossible to carry out a full refuse collection service once weekly to all premises in the district if the single refuse vehicle had to travel more than five miles to tip refuse. It will now be necessary for the Torpoint Urban District Council to take quite definite action very soon to acquire a new refuse tip.

Housing

The question of maintaining existing Council houses is looming larger and larger in the Council's programme, and it has now been found that additional craftsmen are needed to carry out all the work which is necessary to maintain the buildings in a good state of repair, due principally to the inferior materials which have been available for house building since the last war. This alone has made it necessary to renew most of the windows and doors in about thirty Council houses in Peacock Avenue, Torpoint, not counting many others amongst the four hundred now occupied by tenants.

The building of further living accommodation for Council tenants continues to receive attention from the Council's architect and others, and work has begun during this year on the construction of thirty nine dwellings in flats and maisonettes, together with twenty one garages and two shops on the Harvey/Rowe Street site, and these should be completed in early 1970.

Private Enterprise Development

The building of private houses for sale has largely stopped because there is no more land available for private enterprise to develop, and this will continue to be so until the new sewerage system for the whole of the Urban District is installed. Work on the Carbeile Estate by Messrs. Selleck Nicholls Williams is now drawing to its close and some very creditable work has been done here. Mr. D.W. Halliday on the Chapeldown Estate is still continuing with the completion of this work but building is now quite slow.

Slum Clearance

Further inspections carried out in the normal course of events during the year show that a slum clearance programme is not necessary in Torpoint as there is no slum problem here.

Factories

The work of factory inspection continues, and during the present year the Factory Inspector notified the Council of two cases in which action was necessary to secure proper sanitary accommodation. In one case there has been a response to the Council's requirements, but in the other, despite repeated requests, there has been no co-operation from the owner of the premises.

Shops and Food Premises

The following is a list of food premises in the Urban District:-

1 Supermarket
4 Butchers
11 Grocers
2 Bakers and Confectioners
2 Cafes
3 Sweet Shops/Newsagents
2 Greengrocers
2 Fish and Chip Shops

4 Private Clubs

6 Licensed Premises

Several shops are licensed for the sale of ice cream and seven grocers are licensed purveyors of milk.

Premises registered under Section 16 of the Food and Drugs Act, 1955, are as follows:-

| | |
|--|----|
| Sale of Ice Cream | 19 |
| Manufacture and sale of cooked meats | 1 |
| Manufacture and sale of cooked meats and sausages | 3 |

Three food shops are registered for the sale of Cornish Cream.

Food Sampling

Due to preoccupation with other work already mentioned, and to the absence of an Additional Public Health Inspector, also to concentration upon surveys for private street works, no food sampling was done during 1969, but inspections were carried out and the hygiene in all of the food premises in the area continues to be excellent.

In co-operation with the shopkeepers, 106 lb. of cooked ham was surrendered as unfit for human consumption and disposed of. The same was done with 6 lb. corned beef, 12 lb. cooked pork and 30 lb. chuck steak.

The Offices, Shops and Railway Premises Act, 1963

During this year the owners and occupiers of all premises coming under this Act were written to and asked to complete a questionnaire, giving particulars of the numbers of persons employed etc. etc., and I wish to thank the very large majority of these people who were good enough to reply, giving every possible assistance, and thus reducing the number of inspections which it was necessary to make.

Rodent Control

Except for regular disinfestations carried out at the refuse tip, it has been necessary to deal with only three minor outbreaks of rodent infestation in dwellings and in business premises, and test-baiting of sewers shows that rats have been entirely eliminated from these.

Vermin

There were no complaints of verminous premises received during the year.

Public Health Inspections of the Area

I. Inspection of Dwellinghouses during the Year

1. (a) Total number of dwellinghouses inspected for defects under Public Health & Housing Acts. 12
- (b) Number of inspections made for the purpose. 32
2. (a) Number of dwellinghouses (included in sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932. 0
- (b) Number of inspections made for the purpose. 0
3. Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. 5
4. Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. 5

II. Remedy of Defects during the Year without Service of Formal Notice

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers. 3

III. Action under Statutory Powers during the Year

- (a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936, and Sections 10 and 12 of the Housing Act, 1957:-
 1. Number of dwellinghouses in respect of which notices were served requiring repairs. 1
 2. Number of dwellinghouses in which defects were remedied after service of formal notices:-
 - (a) by owners. 1
 - (b) by Local Authority in default of owners. 0
- (b) Proceedings under Public Health Acts:-
 1. Number of dwellinghouses in respect of which notices were served requiring defects to be remedied. 4
 2. Number of dwellinghouses in which defects were remedied after service of formal notice:-
 - (a) by owners. 4
 - (b) by Local Authority in default of owners. 0
- (c) Proceedings under Section 11 and 13 of the Housing Act, 1936, and Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, and Sections 16 and 23 of the Housing Act, 1957.
 1. Number of dwellinghouses in respect of which Demolition Orders were made. 1
 2. Number of dwellinghouses demolished in pursuance of Demolition Orders. 1
 3. Number of undertakings not to use unfit houses accepted. 1
 4. Number of dwellinghouses in respect of which Closing Orders were determined. 0
 5. Number of dwellinghouses in respect of which Closing Orders were made. 1

(d) Proceedings under Section 12 of the Housing Act, 1936,
and Section 18 of the Housing Act, 1957.

1. Number of separate tenements or underground rooms
in respect of which Closing Orders were made. 0

2. Number of separate tenements or underground rooms
in respect of which Closing Orders were determined,
the tenement rooms having been rendered fit. 0

IV. Housing Act, 1936, Part IV and Housing Act, 1957, Part IV.
Overcrowding:-

(a) 1. Number of dwellings overcrowded at the end of the year. 0

2. Number of families dwelling therein. 0

3. Number of persons dwelling therein. 0

(b) Number of new cases of overcrowding during the year. 0

(c) 1. Number of cases of overcrowding relieved during the year. 0

2. Number of persons concerned in such cases. 0

(a) Drains tested. 120
Number of visits re drainage. 300

(b) Visits re infectious diseases. 0
Premises disinfected. 0

(c) Inspection of Food Premises 50

(d) Inspection of shops under Shops Act 19

(e) Inspection of Factories. 9

(f) Preliminary Inspection of houses for slum clearance plan. 0

APPENDIX 1PRINCIPAL CAUSES OF DEATH - ALL AGES - 1969

| DISEASE | ST. GERMANS R.D. | LISKEARD R.D. | SALTASH M.B. | TORPOINT U.D. | LISKEARD M.B. | LOOE U.D. | HEALTH AREA No. 7 |
|------------------------|------------------------|------------------|-----------------|------------------|------------------|--------------|-------------------------|
| Heart disease | 82 | 71 | 29 | 26 | 28 | 28 | 264 |
| Cancer (all sites) | 42 | 46 | 23 | 13 | 16 | 16 | 156 |
| Stroke | 20 | 28 | 14 | 9 | 34 | 12 | 117 |
| Respiratory disease | 23 | 24 | 16 | 5 | 9 | 7 | 84 |
| Circulatory disease | 6 | 3 | 2 | 4 | 4 | 1 | 20 |
| Digestive disease | 5 | 7 | 4 | - | - | 1 | 17 |
| Accidents | 6 | 1 | 6 | 1 | 1 | - | 15 |
| Genito-urinary disease | 8 | 1 | - | 1 | - | - | 10 |

APPENDIX 2TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1969

| TYPE OF DISEASE | ST. GERMANS R.D. | LISKEARD R.D. | SALTASH M.B. | TORPOINT U.D. | LISKEARD M.B. | LOOE U.D. | HEALTH AREA No. 7 |
|------------------------------------|------------------------|------------------|-----------------|------------------|------------------|--------------|-------------------------|
| Ischaemic heart disease | 58 | 64 | 23 | 19 | 28 | 18 | 210 |
| Other heart disease | 10 | 4 | 3 | 5 | - | 8 | 30 |
| Hypertensive disease | 9 | 2 | 2 | 2 | - | 2 | 17 |
| Chronic rheumatic heart disease | 5 | 1 | 1 | - | - | - | 7 |
| Cancer of lung and bronchus | 4 | 8 | 6 | 3 | 5 | 2 | 28 |
| Cancer of intestine | 11 | 6 | 1 | 1 | 1 | 3 | 23 |
| Cancer of stomach | 9 | 4 | 1 | 5 | - | - | 19 |
| Cancer of breast | 5 | 6 | 2 | - | 1 | 3 | 17 |
| Cancer of uterus | 2 | 2 | 1 | - | 1 | 1 | 7 |
| Other cancers | 11 | 20 | 12 | 4 | 8 | 7 | 62 |

APPENDIX 3DEATHS BY AGE GROUPS - 1969

| DISTRICT | 0 - 4 YEARS | 5 - 14 YEARS | 15- 44 YEARS | 45- 64 YEARS | 65- 74 YEARS | 75 YEARS AND OVER | ALL AGES |
|-----------------------|----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-------------|
| ST. GERMANS R.D. | 6 | - | 7 | 37 | 66 | 93 | 209 |
| LISKEARD R.D. | 4 | - | 10 | 45 | 55 | 80 | 194 |
| SALTASH M.B. | 2 | - | 1 | 14 | 37 | 44 | 98 |
| TORPOINT U.D. | 1 | - | 3 | 14 | 16 | 30 | 64 |
| LISKEARD M.B. | 1 | - | 1 | 8 | 25 | 66 | 101 |
| LOOE U.D. | 1 | 1 | 2 | 18 | 16 | 30 | 68 |
| HEALTH AREA NO. 7. | 15 | 1 | 24 | 136 | 215 | 343 | 734 |

APPENDIX 4.TUBERCULOSISNEW CASES IN NO. 7 HEALTH AREA - 1969

| <u>AGE GROUPS</u> | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|-------------------|--------------|----------------|----------------|
| 0 - 4 years | - | - | - |
| 5 - 14 years | - | - | - |
| 15 - 24 years | 1 | - | 1 |
| 25 - 44 years | 1 | 3 | 4 |
| 45 - 64 years | 4 | - | 4 |
| 65 years and over | 4 | - | 4 |
| | <u>10</u> | <u>3</u> | <u>13</u> |

| | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|--|--------------|----------------|----------------|
| New case rate per 1,000 of population | 0.186 | 0.056 | 0.242 |

CASE RATES AND MORTALITY RATES IN COUNTY DISTRICTS IN HEALTH AREA No. 7.- 1969

| <u>DISTRICT</u> | <u>NEW CASES</u> | <u>ALL KNOWN CASES</u> | <u>DEATHS</u> |
|--------------------|------------------|------------------------|---------------|
| ST. GERMAN'S R.D. | 0.07 | 1.65 | - |
| LISKEARD R.D. | 0.29 | 1.60 | - |
| SALTASH M.B. | 0.45 | 2.39 | - |
| TORPOINT U.D. | 0.32 | 1.30 | - |
| LISKEARD M.B. | 0.20 | 4.29 | - |
| LOOE U.D. | 0.25 | 2.70 | - |
| HEALTH AREA No. 7. | 0.24 | 2.01 | - |
| CORNWALL COUNTY | 0.17 | 2.33 | 0.04 |

APPENDIX 5.CANCER OF THE LUNG AND BRONCHUSDEATHS BY AGE GROUPS - 1969

| <u>AGE GROUPS</u> | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|-------------------|--------------|----------------|----------------|
| 45 - 54 years | 1 | - | 1 |
| 55 - 64 years | 5 | 3 | 8 |
| 65 - 74 years | 12 | 1 | 13 |
| 75 years and over | 5 | 1 | 6 |
| | <u>23</u> | <u>5</u> | <u>28</u> |

DEATH RATE PER 1,000 OF POPULATION - 1969

| | <u>MALES</u> | <u>FEMALES</u> | <u>PERSONS</u> |
|--------------------|--------------|----------------|----------------|
| HEALTH AREA No. 7. | 0.428 | 0.093 | 0.521 |
| CORNWALL COUNTY | 0.433 | 0.110 | 0.543 |
| ENGLAND AND WALES | 0.506 | 0.104 | 0.610 |

Annual Report of the Medical Officer of Health
in respect of the Year 1969 for the Urban District
of Torpoint in the County of Cornwall

Prescribed Particulars on the Administration
of the Factories Act, 1961

Part 1 of the Act

1. - Inspection for the purpose of provisions as to health (including inspections made by Public Health Inspectors)

| Premises (1) | Number on Register (2) | Number of Inspections (3) | Written Notices (4) | Occupiers Prosecuted (5) |
|---|---------------------------------|------------------------------------|---------------------------|--------------------------------|
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities. | 0 | 0 | 0 | 0 |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority. | 14 | 12 | 2 | 0 |
| (iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises). | | | | |
| Total | 14 | 12 | 2 | 0 |

2. - Cases in which defects were found

(If defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases")

| Particulars (1) | No. of cases in which defects were found | | | | Number of Cases in which Prosecutions were instituted (6) |
|---|--|-----------------|-----------------------------|-----------------------------|---|
| | Found (2) | Remedied (3) | Referred | | |
| | | | To H.M. Inspector (4) | By H.M. Inspector (5) | |
| Want of cleanliness (s.1) | - | - | - | - | - |
| Overcrowding (s.2) | - | - | - | - | - |
| Unreasonable temperature (s.3) | - | - | - | - | - |
| Inadequate ventilation (s.4) | 1 | 1 | - | 1 | - |
| Ineffective drainage of floors (s.6) | - | - | - | - | - |

Continued overleaf

Continued

| Particulars (1) | No. of cases in which defects were found | | | | Number of Cases in which Prosecutions were instituted (6) |
|---|--|-----------------|-----------------------------|-----------------------------|---|
| | Found (2) | Remedied (3) | Referred | | |
| | | | To H.M. Inspector (4) | By H.M. Inspector (5) | |
| Sanitary Conveniences (s.7) | | | | | |
| (a) Insufficient | 1 | 1 | - | 1 | - |
| (b) Unsuitable or Defective | 2 | 2 | - | - | - |
| (c) Not separate for sexes | 1 | 1 | 1 | - | - |
| Other offences against the Act (not including offences relating to Out-Work) | - | - | - | - | - |
| Total | 5 | 5 | 1 | 2 | - |

Part VIII of the Act

Outwork.

(Sections 133 and 134)

There is no outworker in the Torpoint Urban Area

